

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,149.01 for date of service, 06/29/01.
- b. The request was received on 06/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Medical Audit summary/EOB/TWCC 62 form
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/12/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 09/13/02. The response from the insurance carrier was received in the Division on 09/27/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. A letter Requesting Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 09/10/02

“After submitting our initial claim and also our request for reconsideration, the insurance carrier only paid us \$149.99 total for code E1399 out of \$1,299.00 that was billed for this item. We are only asking to get reimbursed what is ‘fair and reasonable’ per our geographical area.”

2. Respondent: Letter dated 09/26/02

“The ‘mattress’ was billed under code E1399 with a charge of \$1,299.00 and an additional \$125.00 for ‘training and fitting’. The adjuster had contacted (Supplier) to obtain a reasonable and necessary cost for an orthopedic mattress [sic] and found that this item can be bought in twin size for \$149.99.”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/29/01.
- This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
- Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$1,299.00 for durable medical equipment provided on the above date of service.
- Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$149.99 for durable medical equipment provided on the above date of service.
- The Carrier’s EOBs deny reimbursement as, “UNNECESSARY TREATMENT OR SERVICE.”
- Per the Requestor’s Table of Disputed Services, the Requestor is seeking \$1,149.01 for durable medical equipment provided on the above dates in dispute.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/29/01	E1399 NU	\$1,299.00	\$149.99	U	No MAR	TWCC Rule 134.600 (h) (13) MFG GI (VIII) (A); HCPCS descriptor	The provider obtained pre-authorization according to documentation submitted in the case file. Therefore, the denial code of “U” is a moot point. The modifier “NU” is not recognized in the Commission’s ‘96 MFG. For this reason, MRD is unable to determine proper reimbursement for the services in dispute. Therefore, no reimbursement is recommended.
Totals		\$1,299.00	\$149.99				The Requestor is not entitled to additional reimbursement.

MDR: M4-02-4955-01

The above Findings and Decision are hereby issued this 6th day of May 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb